

## CALIFORNIA STATE BOARD OF HEALTH

## Weekly Bulletin

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EDITOR

## INTERSTATE TRAFFIC IN COMMUNICABLE DISEASES.\*

By WALTER M. DICKIE, M. D., Secretary, California State Board of Health.

Geographical barriers in the United States have been almost completely broken down by improved methods of transportation. Interstate travel has increased, during recent years, beyond all expectations. On the Pacific Coast, alone, automobile travel from north to south, and south to north, is continuous throughout the year, with greatly increased volume during the summer months. With this increased volume of traffic there has naturally come an increased transference of cases of communicable disease. Typhoid and malaria are more easily transported from country to city and there is an increased prevalence of both of these diseases of country origin in most of the larger cities of the coast. Smallpox, diphtheria, scarlet fever and other diseases of the respiratory system have recently been transported increasingly between states. Whole communities, in many instances, have been affected by this widespread dissemination of these infectious diseases.

How extensive has been this spread of disease between states we have no definite means of knowing. For the most part this lack of information is due to the failure of health officers to

notify each other reciprocally of cases of communicable diseases that may have been brought into each other's jurisdiction from outside of the state.

In California during 1923 there were at least 64 cases of typhoid infected outside of California. These cases were in individuals who came from as far east as Ohio, Tennessee and middle-western states. Twelve of these 64 cases were in persons who arrived in California from aboard ship. Dr. A. J. Chesley, Secretary of the Minnesota State Board of Health, has reported that from 1913 to 1921 there were 364 typhoid cases infected outside of Minnesota. Of these, 310 came from other states; 4 from Mississippi boats; 26 from Great Lakes boats; 21 from Canada and 3 from Europe. The available statistical data upon interstate traffic in typhoid fever, meagre as it is, indicates the need for the development of a thorough and continuous system of reciprocal notification between state health officers. There is even less statistical data pertaining to interstate traffic in transmissible diseases other than typhoid. In fact, this lack of data hinders the establishment of adequate interstate quarantine regulations.

To be sure about half of the states have adopted the sanitary railway sanitation code approved by the Conference of the State and Provincial Health Authorities of North America

\*Read at Conference of Pacific Coast Health Officers, Portland, Oregon, August 6, 1924.



and later by the United States Public Health Service in conference with health officers of the United States. The most important features of this code have been incorporated in the United States interstate quarantine regulations. This code provides for control of utensils such as towels and drinking cups, the common use of which on trains is often responsible for the transfer of infection to travelers. It also provides for the control of food and water on trains so as to protect them from contamination.

It is certain, however, that interstate travel by automobile equals, in volume, interstate travel by railway. Since it is impossible to prevent the travel of infected persons, the difficulties that would be encountered being so tremendous as to make it impracticable, it becomes of first importance for state health officers to reciprocate in reporting cases of communicable disease in order that local and state control may be rendered more effective.

Persons in the early stages of measles, scarlet fever and other diseases may complete their journeys while in an infective stage, before any one, the patients themselves included, knows that they are ill. Absolute restriction of travel of sick persons is not to be desired; in fact, it often happens that persons suffering from communicable diseases should be permitted to travel in order that better control measures may be put into force. The travel of such persons should be under supervision, in order that the disease may be kept under control. Surreptitious travel of infected persons is often responsible for extensive spread of communicable diseases.


It goes without saying that persons suffering from any of the five major quarantinable diseases, plague, cholera, yellow fever, typhus and smallpox are absolutely forbidden to travel. There are enormous possibilities for the spread of these diseases and the transportation of persons suffering from any of them is always denied. Traffic in smallpox is a constant menace because of the fact that many of our large communities are almost entirely unvaccinated. Furthermore, smallpox of a virulent type is more prevalent now in the United States at the present time than for many years.

Diseases that are transmitted by sputum, tuberculosis for example, can easily be kept under control while the patient is traveling; the same is true of diseases that are transmitted by feces and urine, like typhoid and dysentery. The problem lies in devising a means for bringing persons suffering from these diseases under control while they are traveling by automobile from state to state. It being impossible to restrict their travel, the only hope for a remedy lies in the development of a thorough and complete system of notification by which every health officer may be promptly advised of any case of communicable disease which may enter the territory under his jurisdiction.

It seems paradoxical that leprosy, less easily contracted perhaps than any of the reportable diseases, is subject to the most severe regulations in its transportation. Not only must permits be required from the Surgeon General of the United States Public Health Service, but from state departments of health as well. Such rigid control for all communicable diseases is not to be desired. The chief requirement is the transfer of full information concerning the movements of persons suffering from communicable disease in order that all health officers concerned may have full opportunity to exercise control of such diseases as they exist in the individuals concerned and thus prevent the spread of disease in their own territories.

#### **Louisiana Accepts Funds Under Federal Welfare Act.**

Louisiana has accepted the provisions of the Federal Maternity and Infancy Act, the last of the southern states to take advantage of the benefits under the act. In 1922 the state legislature met and failed to accept; in 1923 the bill for accepting the act passed the senate but was rejected by the house. On July 10, 1924, a bill providing for full acceptance was enacted. Louisiana thus becomes eligible for its share of the federal appropriations for the welfare of mothers and infants during the fiscal year 1924-1925. All of the western and southern states have now accepted the provisions of the federal act.

 **Health lies in labor and there is no royal road to it except through toil.—Wendell Phillips.**



### Issues Appeal for Smallpox Vaccination.

Louis Olsen, health officer of Palo Alto, is offering timely advice to the residents of his community relative to the advisability of securing protection against smallpox by means of vaccination. In his public appeal he states:

"Several eastern states, as well as California, are experiencing outbreaks of smallpox this year. Although the type prevalent in this state has been mild, the same has not been true in the East. In Detroit, for example, the disease, which was apparently introduced from Canada, has increased in virulence until by the middle of June there had been 125 deaths since the first of the year. At the present time universal vaccination is being carried out to bring the outbreak under control.

The epidemic in Detroit merely gives added emphasis to the fact that there is but one preventive of smallpox, namely, vaccination, and that any city or community that neglects to protect itself against this disease will sooner or later pay the price in sickness, unfavorable advertising and unnecessary deaths.

Vaccination is not compulsory in California and the health officer can simply educate the public as to the effectiveness of vaccination and warn the people as to what will happen if this is neglected. Perhaps this is the best plan, although it is difficult to see why small children who are not old enough to decide for themselves should be made to suffer for the neglect of others. It is evident, however, that if all persons are made acquainted with the facts regarding vaccination, only those who do not care will be the ones to suffer from it.

Data as to the vaccinal condition of the pupils in the Palo Alto elementary and grammar schools at the close of the last school year show that out of 777 pupils from whom histories were obtained only 372 or 48 per cent had ever been vaccinated. This indicates a serious condition. Whenever the percentage of nonimmunes to a communicable disease becomes as great as this there is danger of an outbreak. Conversely, if the percentage of immunes is great enough there will be no danger, and the best way to produce immunity to smallpox is by vaccination."

The noblest motive is the public good.—Virgil.

### Bathing in Public Water Supply Illegal.

The *Mt. Whitney Observer*, published in Lone Pine, Inyo County, makes the following caustic remarks on the practice of bathing in the town water supply:

"Some people have rather tough hide as well as peculiar mind; they bathe in the ice-cold water supply of our town, and feel rather insulted when told to desist, and state that it is their business if they care to swim in the icy stream; no old lopsided peace officer has any right to tell them what is good for their health, they know from personal experience what is best. These folks are tourists and we wonder if it is the habit for them to bathe in the water supply at home. A good swim in the cistern. We are not particular about their health but we are just a little particular about what they do to our drinking water and it will be necessary for us to treat them to a little impoliteness if they don't let up. In this country we do like to have our visitors make themselves at home, but it must be asked that they don't practice their bad habits, especially that of bathing in the domestic water supply. Now gentle visitors if you must bathe in the drinking water do so in the Aqueduct, there you may get drowned; at any rate we would have hopes."



### How To Prevent Nervousness in Children

Most "nervous" children are the products of the management given them. Nervous parents expect, and so cause, nervous children. They constantly remind the child of this. In their own nervousness they set an example to be imitated (and it usually is). They communicate their worries to the child, who increases them many fold. They can not permit the child to lead a life of its own, and either push it to the extreme limit or do all the thinking for it.

Cultivate calmness. Do not fuss at the child. Give it peace; an opportunity to do things and learn for itself. Use your common sense—your memories of your own childhood; be patient and kind. Settle your worries in some other way than by passing them on to the child. Know your child; its interest and capacities; its weaknesses and strengths. Above all, be calm and



peaceful yourself.—Lawson G. Lowrey, M.D., Director, University of Minnesota Child Guidance Clinic.

### MORBIDITY.\*

#### Diphtheria.

144 cases of diphtheria have been reported, as follows: Los Angeles 37, San Francisco 21, Los Angeles County 13, Fresno County 6, Sanger 9, Oakland 17, Santa Monica 2, Sacramento 4, Santa Cruz County 2, San Luis Obispo County 2, Daly City 1, Salinas 1, Santa Maria 1, Williams 1, Banning 2, Pacific Grove 1, Torrance 1, San Joaquin County 1, Berkeley 4, El Segundo 2, Burbank 1, El Monte 1, Whittier 2, Los Gatos 1, Sacramento County 1, Long Beach 1, San Jose 3, Ontario 2, San Diego 2, Alameda 1, Butte County 1.

#### Measles.

35 cases of measles have been reported, as follows: Los Angeles County 9, Los Angeles 7, San Francisco 2, Huntington Park 1, Santa Barbara 1, El Segundo 2, Colton 1, Pasadena 1, Colusa 1, Riverside 1, Oakland 1, Modesto 1, Benicia 1, Bakersfield 1, Sacramento 3, San Jose 2.

#### Scarlet Fever.

40 cases of scarlet fever have been reported, as follows: Los Angeles 12, San Francisco 5, San Joaquin County 1, Pomona 3, Los Angeles County 3, Visalia 1, Stockton 1, San Diego 1, Marin County 1, Orange County 1, Burbank 2, Eureka 1, San Anselmo 1, Oakland 4, Ontario 1, Long Beach 1, San Jose 1.

#### Smallpox.

63 cases of smallpox have been reported, as follows: Los Angeles 28, Los Angeles County 6, Sacramento 14, Ventura County 1, Long Beach 2, Compton 2, Venice 1, San Diego 1, Burbank 1, Santa Ana 2, San Gabriel 1, Redlands 1, Anaheim 2, Watts 1.

#### Typhoid Fever.

26 cases of typhoid fever have been reported, as follows: Visalia 1, Tulare County 1, Sacramento County 2, Sacramento 2, Hermosa Beach 1, Los Angeles County 4, Los Angeles 3, Santa Ana 1, Orange County 1, San Diego 3, San Rafael 1, Watsonville 1, Piedmont 1, Eldorado County 1, Oakland 1, Anaheim 1, California 1.

#### Whooping Cough.

55 cases of whooping cough have been reported, as follows: Los Angeles 23, Los Angeles County 14, San Diego 6, San Francisco 1, Hawthorne 2, Alameda 1, Fullerton 1, Santa Ana 2, Orange County 1, Long Beach 1, Riverside County 1, Anaheim 2.

#### Cerebrospinal Meningitis.

Watsonville reported one case of cerebrospinal meningitis.

#### Poliomyelitis.

Los Angeles County reported one case of poliomyelitis.

#### Epidemic Encephalitis.

Two cases of epidemic encephalitis have been reported, one from San Francisco and one from Los Angeles.

\*From reports received on August 11 and 12 for week ending August 9.

### COMMUNICABLE DISEASE REPORTS.

DISEASES	1924				1923			
	Week ending			Reports for week ending Aug. 9 received by Aug. 12	Week ending			Reports for week ending Aug. 11 received by Aug. 14
	July 19	July 26	Aug. 2		July 21	July 28	Aug. 4	
Anthrax.....	0	0	0	0	0	1	0	0
Botulism.....	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis.....	3	1	2	1	6	0	1	2
Chickenpox.....	88	45	55	37	51	43	37	22
Diphtheria.....	180	166	137	144	130	129	99	63
Dysentery (Bacillary).....	0	0	0	0	12	0	2	0
Epidemic Encephalitis.....	1	0	4	2	4	3	4	1
Epidemic Jaundice.....	0	0	0	0	0	0	0	0
Gonorrhoea.....	40	75	64	104	92	83	93	49
Influenza.....	4	4	4	5	8	14	2	0
Leprosy.....	1	0	3	0	0	0	0	0
Malaria.....	1	1	1	1	4	8	2	5
Measles.....	49	54	43	35	348	238	194	119
Mumps.....	14	28	9	14	10	10	9	2
Pneumonia (Lobar).....	28	22	18	27	25	96	27	17
Poliomyelitis.....	3	2	0	1	5	1	6	1
Rabies (human).....	0	0	0	0	0	0	0	0
Scarlet Fever.....	69	48	49	40	94	70	62	40
Smallpox.....	80	85	63	63	41	34	36	21
Syphilis.....	62	135	82	157	129	103	168	42
Tuberculosis.....	240	116	199	160	146	120	219	75
Typhoid Fever.....	39	35	22	26	24	23	30	14
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	66	59	78	55	106	78	69	44
Totals.....	967	881	833	872	1235	1054	1060	517

CALIFORNIA STATE PRINTING OFFICE